



# Secondary Contaminant Report

**I. PWS INFORMATION:** Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:  City / Town:

PWS Name:  PWS Class: COM  NTNC  TNC

DEP LOCATION (LOC) ID#		DEP Location Name	Sample Information		Date Collected	Collected By
A	RW1	Well 01G	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	05/22/20	Client
B			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished		
Routine or Special Sample		Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below			
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission		(2) Collection Date of Original Sample	
B	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						
A						
B						

## II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #:  Primary Lab Name:  Subcontract? (Y/N)

Analysis Lab MA Cert. #:  Analysis Lab Name:

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON	<0.0500		0.3	0.0500	EPA 200.7, Rv. 4.4 (1994)	05/28/2020	L0E0423-01
MANGANESE	0.0137		0.05*	0.0020	EPA 200.7, Rv. 4.4 (1994)	05/28/2020	L0E0423-01

\* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.


**Lab Sample Notes**

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I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:   
Date:

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Massachusetts Department of Environmental Protection - Drinking Water Program  
**Secondary Contaminant Report**

SEC

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PWS ID #:  City / Town:   
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DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A 10000	Point of Entry Post Green River PH 01G	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	05/22/20 Client
B		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	
Routine or Special Sample		If Resubmitted Report, list below		
Original, Resubmitted or Confirmation Report		(1) Reason for Resubmission		(2) Collection Date of Original Sample
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
B	<input type="checkbox"/> RS <input type="checkbox"/> SS <input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
<b>SAMPLE NOTES</b> - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).				
A				
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**II. ANALYTICAL LABORATORY INFORMATION**

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 Analysis Lab MA Cert. #:  Analysis Lab Name:

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON	<0.0500		0.3	0.0500	EPA 200.7, Rv. 4.4 (1994)	05/28/2020	L0E0423-02
MANGANESE	0.0151		0.05*	0.0020	EPA 200.7, Rv. 4.4 (1994)	05/28/2020	L0E0423-02

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